

ARIZONA DEPARTMENT OF RACING
1110 W. Washington, Suite 260
Phoenix, AZ 85007
(602) 364-1700

PLEASE PRINT IN BLACK INK OR TYPE

NOTICE

THIS TEMPORARY LICENSE IS VALID FOR UP TO 90 DAYS. IT MAY BE REVOKED WITHOUT A HEARING WITHIN THIS TIME PERIOD IF THE INFORMATION RECEIVED DURING THE APPLICANT'S BACKGROUND INVESTIGATION DOES NOT ALLOW MAKING IT PERMANENT. THE PERMANENT LICENSE WILL EXPIRE ON THE LAST DAY OF :

TRACK WHERE BUSINESS / VENDOR WILL PARTICIPATE

APPLICATION DATE

BUSINESS/VENDOR NAME:

TYPE OF BUSINESS OR SERVICES PERFORMED

BUSINESS/VENDOR IS A:

FEDERAL TAX ID#

☐ CORPORATION (Complete A & D and/or

☐ PARTNERSHIP (Complete B & D) SOCIAL SECURITY NUMBER

☐ SOLE PROPRIETORSHIP (Complete C & D) (Disclosure of your Social Security Number is mandatory)

IT IS STIPULATED AND AGREED THAT ANY NOTICE, CORRESPONDENCE OR PAPERS OF ANY NATURE ADDRESSED TO ME FROM THE ARIZONA DEPARTMENT OF RACING ARE TO BE SENT TO THE FOLLOWING ADDRESS:

Permanent Address

STREET ADDRESS/BOX No./APT. No.

CITY

STATE

ZIP

BUSINESS PHONE ()

FAX ()

APPROVAL OF TRACK/PERMITEE MANAGEMENT TO CONDUCT BUSINESS ON PERMITEE GROUNDS

SIGNATURE OF TRACK/PERMITEE OFFICIAL

LIMITATIONS, IF ANY:

FOR OFFICIAL USE ONLY

LICENSE NO. ISSUED

DATE OF ISSUE

LICENSE FEE

FEE PAID BY

☐ CASH ☐ CHECK/M.O.

CHANGE OR OVERPAYMENT

MISC. INFO

TRACK WHERE ISSUED

SECTION A - IF A CORPORATION, THE FOLLOWING ATTACHMENTS ARE REQUIRED:

- ☐ ARTICLES OF INCORPORATION
- ☐ LISTING OF ALL DIRECTORS, OFFICERS, SHAREHOLDERS, AND ALL PERSONS WHOSE OWNERSHIP EXCEEDS 10% OF THE CORPORATION
- ☐ ORGANIZATIONAL CHART OF CORPORATION, INCLUDING THE PARENT CORPORATION, HOLDING CORPORATION, SUBSIDIARY OF PARENT, GENERAL/LIMITED PARTNERSHIPS AND PUBLICLY HELD (INCLUDING STOCK OPTIONS OF FORMER MANAGEMENT EMPLOYEES), AND/OR OTHER PERTINENT OWNERSHIP INTEREST.
- ☐ ADOR LICENSE APPLICATION FULLY EXECUTED FOR DIRECTORS, OFFICERS AND OTHER EMPLOYEES OF THE CORPORATION OR SUBSIDIARY THEREOF WHO ACTUALLY PROVIDE SERVICES AND/OR MANAGEMENT INVOLVEMENT IN THE ACTIVITIES FOR AN ARIZONA PERMITEE (TRACK) ON A REGULAR BASIS
- ☐ FINGERPRINT CARD (IF REQUIRED) FOR EACH APPLICANT.
- ☐ NAMES, SOCIAL SECURITY NUMBERS (MANDATORY), DATES OF BIRTH, BUSINESS ADDRESS AND HOME ADDRESS FOR EACH DIRECTOR, OFFICER, AND ANY HOLDER OF 10% OR MORE OF COMMON STOCK FOR THE PARENT CORPORATION, HOLDING, GENERAL/LIMITED PARTNERSHIP OR OTHER PERTINENT OWNERSHIP INTEREST
- ☐ LICENSE AND FINGERPRINT FEES FOR EACH REQUIRING LICENSE

SECTION B - IF A PARTNERSHIP, THE FOLLOWING ATTACHMENTS ARE REQUIRED:

- ☐ LIST EACH PARTNER AND OWNERSHIP PERCENTAGE BELOW
- ☐ ADOR LICENSE APPLICATION FULLY EXECUTED FOR EACH PARTNER
- ☐ FINGERPRINT CARD (IF REQUIRED) FOR EACH PARTNER
- ☐ LICENSE/FINGERPRINT FEES FOR EACH PARTNER

SECTION C - IF SOLE PROPRIETORSHIP, THE FOLLOWING ATTACHMENTS ARE REQUIRED

- ☐ ADOR LICENSE APPLICATION FULLY EXECUTED, FINGERPRINT CARD (IF REQUIRED), AND LICENSE/FINGERPRINT FEES

SECTION D -

FOR OFFICIAL USE ONLY

NAME OF DIRECTOR, OFFICER,
STOCKHOLDER, OR OWNER

PERCENTAGE
OWNED

TO BE COMPLETED BY AN
ADOR EMPLOYEE
ADOR LICENSE NUMBER

(USE ADDITIONAL BLANK SHEETS IF NECESSARY)

COMPLETE OTHER SIDE

**A FALSE ANSWER OR INCOMPLETE ANSWER TO ANY QUESTION REQUIRED IN THIS APPLICATION
CONSTITUTES GROUNDS FOR DENIAL, SUSPENSION OR REVOCATION OF YOUR LICENSE**

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A LICENSE TO BE ISSUED IN ACCORDANCE WITH THE TERMS AND PROVISIONS OF THE RULES OF THE ARIZONA RACING COMMISSION. THE UNDERSIGNED CERTIFIES THAT ALL THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE. THE UNDERSIGNED HAVING READ THE COMPLETE APPLICATION UNDERSTANDS THAT THIS LICENSE MAY BE DENIED AND THAT THE APPLICANT(S) MAY BE CHARGED WITH A CRIMINAL OFFENSE FOR KNOWINGLY MAKING ANY FALSE STATEMENTS OR OMISSIONS ON THIS APPLICATION. THE ISSUANCE OF A LICENSE BY THE DEPARTMENT DOES NOT NECESSARILY ENTITLE THE HOLDER(S) TO ANY RIGHTS OR PRIVILEGES AT THE PREMISES OF ANY TRACK LICENSED BY THE DEPARTMENT. NOTIFICATION TO THE DEPARTMENT FOR CHANGE OF ADDRESS IS THE SOLE RESPONSIBILITY OF THE UNDERSIGNED. SEARCH OF PERSONS, VEHICLES, BUSINESS FACILITY, OR ENCLOSURES MAY BE MADE BY REPRESENTATIVES OF THE DEPARTMENT WHILE ON THE GROUNDS UNDER THE SUPERVISION OF THE DEPARTMENT. IF PAYMENT OF FEES IS MADE BY CHECK AND THAT CHECK IS NOT ON A VALID ACCOUNT OR DRAWN WITHOUT SUFFICIENT FUNDS, THE LICENSE ISSUED SHALL BE NULL AND VOID AND AN AUTOMATIC FINE OF \$25.00 SHALL BE IMPOSED.

I CERTIFY THAT THE STATEMENTS AND ANSWERS I HAVE MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

* **PLEASE READ CAREFULLY:** A.R.S. §25-320 **MANDATES** THAT EACH LICENSING BOARD OR AGENCY THAT ISSUES PROFESSIONAL OR OCCUPATIONAL LICENSES OR CERTIFICATES **MUST** OBTAIN AND RECORD THE SOCIAL SECURITY NUMBER OF AN APPLICANT FOR PROFESSIONAL OR OCCUPATIONAL LICENSE OR CERTIFICATE. THEREFORE, IT IS **MANDATORY** THAT YOUR SOCIAL SECURITY NUMBER IS PROVIDED ON THIS APPLICATION. WHEN SOCIAL SECURITY NUMBERS APPEAR ON PUBLIC RECORDS, AND COPIES OF SUCH RECORDS BECOME THE SUBJECT OF A RECORDS REQUEST, SOCIAL SECURITY NUMBERS **MUST** BE REDACTED FROM THE DOCUMENT.

X_____

SIGNATURE MUST BE NOTARIZED UNLESS SIGNED IN THE
PRESENCE OF AN EMPLOYEE OF THE
ARIZONA DEPARTMENT OF RACING

STATE OF _____)
)ss
COUNTY OF _____)

EMPLOYEE - ARIZONA DEPARTMENT OF RACING

SUBSCRIBED AND SWORN to before me this

_____ day of _____, _____.

NOTARY PUBLIC SIGNATURE AND SEAL/STAMP

My Commission Expires _____

EXAM TECH
_____ PROCESSED

INVESTIGATOR
_____ REVIEWED
_____ INTERVIEWED

BOARD OF STEWARDS
_____ APPROVED
_____ DENIED